

**INFORMED CONSENT REQUEST FOR DEPO-PROVERA INJECTION  
MORE THAN 13 WEEKS AFTER PRIOR INJECTION**

1. I, \_\_\_\_\_, hereby request the South Dakota Department of Health Family Planning program staff administer Depo-Provera to me today, \_\_\_\_\_, more than 13 weeks after receiving my previous Depo-Provera injection.
2. I declare the following apply to me (answer all 4):
  - (a) My last Depo-Provera injection was received on \_\_\_\_\_;
  - (b) My last menstrual cycle began on \_\_\_\_\_;
  - (c) The last time I had sexual intercourse was on \_\_\_\_\_; and
  - (d) I used both spermicides and condoms every time \_\_\_\_\_, sometimes \_\_\_\_\_, or never \_\_\_\_\_, during sexual intercourse since my last Depo-Provera injection was due.
3. Based on the above information as provided by the client, a sensitive urine pregnancy test is \_\_\_\_\_ is not \_\_\_\_\_ indicated. The results of the pregnancy test are \_\_\_\_\_.
1. I understand no birth control method, other than abstinence, is 100% effective in preventing pregnancy.
2. I understand that I should abstain from sexual intercourse or use a back-up method for 2 weeks after receiving my injection.
3. I understand that the use of Depo-Provera as a birth control method does not provide protection against sexually transmitted diseases.
4. I understand that if I am pregnant, the Depo-Provera injection I am requesting may result in birth defects to my unborn child(ren).
5. I have had the opportunity to ask any and all questions and all of my questions were answered to my satisfaction.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date